Home Visitation Work Team Meeting
September 4, 2014
9am to 12:30pm
The Office of Early Childhood

Executive Summary

Overview

On Thursday, September 4, 2014 the Office of Early Childhood (OEC) hosted a meeting of the Home Visitation Systems Project. The purpose of the meeting was to discuss the following items:

1. The Department of Children and Families (DCF) draft Mental Health Report.
2. Definitions of the items included in the continuum of services (prevention, early intervention, intensive intervention, and home based services versus home visiting services) and the legislative intent regarding home based treatment options for parents of young children with depression.
3. Recommendations on the continuum of services from prevention to intensive intervention and the creation of a catalogue of services.
4. The current scope of home based services for parents, who have young children, and suffer from depression, and recommendations on coordinating these services.
5. Stakeholder involvement options.
6. The report outline and process to review recommendations.

This executive summary is organized by the agenda items one to six listed above.

Robert Santy, President and CEO of the Connecticut Economic Resource Center, Inc. (CERC) facilitated the meeting discussion. CERC created this summary based on notes recorded during the meeting. Detailed meeting minutes are attached.

DCF Children's Mental Health Report

The DCF was mandated by the legislature to formulate an implementation plan to meet the emotional, mental, and behavioral health needs of all children in Connecticut.[1] Judith Meyers, of the Child Health and Development Institute of Connecticut (CHDI), presented the draft Connecticut Behavioral Health Plan for Children to the work team. Judith first summarized the information gathering process and explained that the public was engaged through public meetings and forums to help in formulating recommendations.

Next, Judith shared the six major themes of the report:

- System Organization, Financing and Accountability
- Health Promotion, Prevention, and Early Identification
- Access to a Comprehensive Continuum of Care

[1] Public Act No. 13-178 < http://www.cga.ct.gov/2013/act/pa/pdf/2013PA-00178-R00SB-00972-PA.pdf>

- Disparities in Access to Culturally Appropriate Care
- Family and Youth Engagement
- Workforce Development

Judith also shared recommendations from the report relevant to the home visitation system building process:

- All children will receive screening for mental and behavioral health (to include providing training and financial incentives for home visiting providers to document screening results).
- Ensure that all providers and caregivers recognize early risk signs of mental health issues and direct children and their families to the appropriate resources.
- Mental health services will be integrated into the pediatric healthcare system.

Judith stressed that many individuals expressed that the current structure of commercial health plans offered to Connecticut residents created barriers in terms of access to mental health services. Many commercial plans do not cover, or only offer limited coverage for, mental health services.

Continuum of Services Definitions

Home based services vs. in home visiting definitions:

No definitive consensus was reached on the definitions of home visitation and in home visiting. However, many work team members offered their thoughts for consideration. Some work team members said that the terms "home-based" and "home visiting" are synonymous. The basic definition is that the services are provided in the home. Another team member said that it is a false distinction to try to differentiate home visitation services from in home visits. Our system needs to encompass all services being provided to young children that take place in the home setting.

Prevention and intervention definitions:

Team members agreed that the definitions from the public health pyramid model should be used to define the different levels of prevention and intervention in the home visiting system. The public health model categorizes services according to three levels: universal/promotion; at risk/prevention; and active treatment/intervention.

The definitions of each level are:[2]

- Universal/promotion: Primary (or universal) interventions are strategies that target whole communities or populations in order to build public resources and education and attend to the social factors that contribute to child maltreatment.
- At Risk/Prevention: Prevention (or secondary) programs target families who have risk factors for child maltreatment such as poverty, parental mental health problems, marital discord, family violence, or parental drug or alcohol use.
- Treatment/intervention: Tertiary interventions target families in which a negative outcome such as child maltreatment has already occurred. These interventions seek to reduce the long-term implications of maltreatment and to prevent maltreatment recurring.

[2] Hunter, Catherine, 2011. "Defining the Public Health Model for the Child Welfare Services Context." Australian Institute of Family Studies. Web. 10 September 2014. <http://www.aifs.gov.au/nch/pubs/sheets/rs11/>.

Recommendations on building a system with access to the continuum of services.

- Even if an organization is not providing home based services, they may need to refer families to home based services and consequently should be linked to the system.
- A common referral intake point and how it directs individuals to the appropriate resource
    - The creation of an algorithm to direct people to resources was discussed.
    - Some team members recommended building out the call center, rather than deciding, as part of this process, how the call center would make referrals.

Home Based Treatment Options of Parents of Young Children with Severe Depression

Item seven of the Public Act calls for home based treatment options for parents, who have young children, with depression. The discussion focused on a coordinated approach to offer treatment services.

Janet Story from the Department of Mental Health and Addictions Services (DMHAS) was invited to briefly describe the programs that DMHAS runs. Janet described several programs:

- Mobile Crisis Intervention Team: a team that provides treatment options for depressed individuals with a community-based approach. Case managers ensure the individuals with depression have access to services such as coaching and that basic needs, such as transportation access, are met.
- SAFERS: program for children ages zero to six.
- The Recovery Specialist Voluntary Program (RSVP) program: For parents who have been separated from their children and who need support in recovery from drug and/or alcohol abuse.

After learning about the DMHAS scope of services, many team members expressed the need to link the home visiting system with the DMHAS programs and services.

Other related recommendations were that individuals with depression should be linked to a medical home. The increased need for screenings for depression and the need for doctors to refer individuals to the appropriate resources were also discussed. It was also suggested that a communication strategy should be developed for home visitors.

Stakeholder Involvement

As part of the report creation process, stakeholders will be engaged to comment on the home visitation recommendations made by the work team. The work team has approximately one month to engage stakeholders and targeted the month of October.

Suggested methods for stakeholder engagement include posting a draft report on the OEC website and using an online survey to receive feedback, and public forums. It was suggested by a team

member that the OEC engage stakeholders by asking them what they would like to see in the report or by asking them a series of questions instead of allowing stakeholders the option of commenting on the draft report directly.

Work team members suggested engaging certain groups: the Teen Moms of New Britain, attendees of the CQI network meetings in October, and attendees of two forums for parents in October: one forum on parents as leaders and another on parent engagement.

Discuss report outline and process to review recommendations

Key sections of the final report were identified throughout the meeting: The draft report should include the following:

- Home visiting system vision statement
- The home visiting need and demand
- Coordinated system design
    - Continuum of services
    - Common referral process
    - Core competencies and trainings
    - Common standards and outcomes
    - Shared reporting of outcomes
    - Coordinated treatment options for parental depression and intervention for children.
- The current capacity of home visiting system and identifications of gaps in the system.
- Resource limitations

It was also stressed during the meeting that the home visiting system is not rigid in structure; programs within the system differ in terms of the services provided. It was suggested that a value statement around the "inherent ambiguity" of home visiting should be included in the report.

A draft outline of the report will be presented at the next meeting. There will be time allotted during the next meeting for work team members to review and discuss the draft.

Next Meeting

Agenda items for the next meeting (September 18, 2014) were briefly discussed:

- MEICHV grant application
- Review draft report outline
- An email will be sent out that will contain a home visiting continuum of services matrix. Program representatives can fill out information in the matrix on their program.